

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL -6 PM 3:50



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PA3000 0-87244

1. Corporation Name

CORRINE CORPORATION

2. Principal Office Address

1267 Port Lane

3. Mailing Office Address

1267 Port Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34242

Country

US

Zip

34242

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

December 17, 1993

5. FEI Number

650463938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 99-01**

7. Name and Address of Current Registered Agent

Name

James R. McDuffee

Street Address (P.O. Box Number is Not Acceptable)

1267 Port Lane

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34242

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*James R. McDuffee*  
REGISTERED AGENT MUST SIGN

Date 6-30-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	James R. McDuffee	1267 Port Lane	Sarasota, FL 34242
VSD	Linda R. McDuffee	1267 Port Lane	Sarasota, FL 34242

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-01

Date

941-346-3421

Daytime Phone #

CR2E081 (9/00)